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ABSTRACT

Abstracts and bibliographic citations are given for the following documents concerned with the use and characteristics of the Hilson Adolescent Profile (HAP): (1) "Use of the Hilson Adolescent Profile To Compare Juvenile Offenders with Junior and Senior High School Students" (R. E. Inwald and K. E. Brobst); (2) "The Effectiveness of Social Work in an Alternative School for Dropouts" (J. S. McNeil and C. Franklin); (3) "Identifying and Predicting Adolescent Behavioral Problems By Using New Profile" (R. E. Inwald, K. E. Brobst, and R. F. Morrissey); (4) "Prediction of Adolescent Suicide and Substance Abuse Risks" (K. E. Brobst and R. E. Inwald); (5) "The Hilson Adolescent Profile and MMPI as Identifiers and Predictors of Adolescent Behavior in a Psychiatric Hospital" (R. Morrissey, K. Brobst, and R. E. Inwald); and (6) "A Method for Diagnosing and Planning the Treatment of Adolescent Drug Abusers (The Adolescent Drug Abuse Diagnosis (ADAD) Instrument)" (A. S. Friedman and A. Utada). (SLD)

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Hilson Research Abstracts

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Hilson Adolescent Profile (HAP)

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Use of the Hilson Adolescent Profile to Compare Juvenile Offenders with Junior and Senior High School Students

Robin E. Inwald, Ph.D. and Karen E. Brobst, M.A.

Published in: The Rader Papers, 1987, 3(2), 9-13.

In this study, the HAP was administered to 322 juvenile offenders in detention centers across the country. The test was also administered to 370 junior high school students (grades 7 and 8) and 231 senior high school students (grades 9 through 12) from a public school system in Tennessee.

Norms were computed for each HAP scale separately for male and female juvenile offenders and for male and female students.

T-tests providing comparisons between the HAP scale scores of the "normal" students and those of the juvenile offenders showed significant differences in the expected direction, with juvenile offenders showing significantly more behavioral disorders than "normal" high school students. Major differences between the two groups were found in the areas of admitted "acting out" behaviors (including Drug Use (DG), Educational Adjustment Difficulties (ED), and Law/Society Violation (LV) scales, suicide risk (including the Depression/Suicide Potential scale - DP), and family difficulties (including the Homelife Conflicts scale - HL).

In addition to normative comparisons, a discriminant function analysis was performed to examine the HAP's ability to correctly identify individuals as either juvenile offenders or "normal" students. Cross-validation results correctly classified 91% of all adolescents, with 86.5% of the juvenile offenders and 93.2% of the students correctly identified.

In summary, results demonstrated the usefulness of the HAP as an aid for gaining background information and for identifying adolescents who differ significantly from the "normal" student population.

The Effectiveness of Social Work in an Alternative School for Dropouts

John S. McNeil, D.S.W. and
Cynthia Franklin, M.A., M.S.S.W.*

Published in: Residential Treatment for Children & Youth, 1988, 5(4), 43-58.

A graduate school of social work and a private alternative school for drop-outs collaborated to develop an intervention program. Social work services were integrated into the curriculum with teachers and social workers operating as an interdisciplinary team. T-tests were used to evaluated the effectiveness of the program. Pretest and posttest comparisons were made using several instruments, including the HAP, Cooper-Smith Self Esteem Inventory, and the Test of Adult Basic Education. Approximately 66% of the students showed positive gains as measured by the instruments. On the HAP, students showed improvements in the areas of Rigidity/Obsessiveness (RI), Interpersonal Assertiveness Difficulties (IA), Anxiety/Phobic Avoidance (AP), and Unusual Responses (UR). Results suggested that, after the intervention program, students were more more cooperative, better able to communicate with others, better able to cope with stressful situations, and less likely to experience emotional disturbance. The positive gains reflected on the HAP were further affirmed by the percentage of students who successfully completed the program.

* Abstract edited by Judith Kaufman

Identifying and Predicting Adolescent Behavioral Problems By Using New Profile

Robin E. Inwald, Ph.D., Karen E. Brobst, M.A.
and Richard F. Morrissey, Ph.D.

Published in: Juvenile Justice Digest, 1986, 14(13), 1, 4-9.

The authors discuss the HAP in terms of test development and analysis, normative data, and validation.

The HAP was developed on a rational-intuitive basis using scales from the Inwald Personality Inventory (IPI) and additional scales developed for adolescent screening. Item analyses were conducted using the

responses obtained for 142 male adolescents residing in either a hospital or juvenile detention treatment setting. Alpha coefficients for 12 of the 16 HAP scales ranged from .67 (Health Concerns - HC and Rigidity - RI) to .89 (Drug Use - DG) and .91 (Alcohol Use - AL). Sample sizes for the remaining four scales of the test were insufficient for analysis.

At the initial stage of validation, the HAP was administered to over 300 adolescents, including hospital inpatients, juvenile offenders in detention centers, clinical outpatients, and college freshmen. Means and standard deviations were calculated for males and females in each of the groups separately. Based on the results of the initial norms, the HAP was able to differentiate between clinical groups and juvenile offenders. Both juvenile offenders and clinical patients obtained higher mean scores on the HAP scales when compared to the college freshmen sample.

A validation study was conducted for a group of clinical inpatients. The HAP differentiated between those who showed evidence of suicidal ideation and/or attempt(s) and those without ideation or attempt(s). The test discriminated between those with documented drug use and those without drug use. In addition, those 11 patients who demonstrated dangerous behaviors to themselves or others scored higher on the Frustration Tolerance (FT), Rigidity/Obsessiveness (RT), Interpersonal Assertiveness Difficulties (IA), Homelife Conflicts (HL), Suspicious Temperament (ST), and Depression/Suicide Potential (DP) scales than those who did not demonstrate dangerous behaviors.

A second validation study was conducted with a group of juvenile offenders who were under a clinician's supervision. The HAP showed differences between groups with histories of alcohol use, drug use, or suicidal ideation/attempt(s) and those without such histories.

The preliminary results here suggest that the HAP may be useful in discriminating between "high-risk" groups of adolescents.

Further, Pearson and canonical correlations were computed between HAP and MMPI scales. Several significant correlations were found, suggesting that HAP and MMPI scales measure similar personality constructs. However, the HAP also measures some constructs not measured in the MMPI. Because of its specific behavioral nature, the HAP items and scales may be particularly useful in screening and identifying suicidal individuals, substance abusers, and "acting out", overaggressive adolescents.

Prediction of Adolescent Suicide and Substance Abuse Risks

Karen E. Brobst, M.A., and
Robin E. Inwald, Ph.D.

Published in: Juvenile Justice Digest, 1987, 15(17), 1-3, 8-10.

This study examined the internal reliability and classification accuracy of the HAP.

To assess the internal consistency of the test, a total of 569 male and female adolescents completed the HAP. KR20 coefficients were then computed for the scales of the test. These coefficients ranged from .67 to .90. When males and females were examined separately, each group showed six HAP scales with coefficients over .80.

In addition, normative data on the HAP were obtained for a sample of 322 juvenile offenders, 148 hospital inpatients, 89 clinical outpatients, 47 entering college students, 78 students in a high-school drop-out program, 19 group home residents, 9 students being seen by school psychologists, and 4 adolescents who were not classified. When juvenile offenders and clinical inpatients/outpatients were compared with each other, results showed significant differences between groups on several scales.

In validation research, discriminant function analyses were conducted on the HAP scales. Six criterion measures were examined. These were suicide attempts (for the entire group), suicide attempts (for juvenile offenders alone), marijuana/hard drug use, alcohol use, sexual abuse, and runaway behavior. Overall correct classifications of behavior ranged from 72% (suicide attempts - entire group) to 80% (suicide attempts - juvenile offenders alone).

For comparison purposes, discriminant equations were also generated for the scales of the MMPI on a sample of 254 adolescents. Analyses were conducted using the same set of criteria as with the HAP (excluding suicide attempts for the juvenile offender group alone). MMPI overall correct classifications on the criterion measures did not exceed 68%. Classifica-

tions ranged from 53% (history of sexual abuse) to 67.5% (history of alcohol abuse). Overall, classification accuracy for the HAP was 7% to 20% higher than for the MMPI.

Results here suggest that in settings where a clinician's time constraints make it difficult to thoroughly question each adolescent seen, the HAP may provide one way to obtain information quickly about adolescent problems and personality/behavioral factors.

The Hilson Adolescent Profile and MMPI as Identifiers and Predictors of Adolescent Behavior in a Psychiatric Hospital

Richard Morrissey, Ph.D., Karen Brobst, M.A., and Robin E. Inwald, Ph.D.

Presented at the American Psychological Association Convention (August 1988, Atlanta, GA)

Two samples of adolescent inpatients were administered the HAP and the MMPI. The first group consisted of 144 adolescents between the ages of 12 and 19 who were admitted to an open adolescent psychiatric unit of a large northeastern psychiatric hospital. The criterion measures examined for this group were history of alcohol use, history of drug use, history of suicide attempts, history of runaway behavior, presence of affective disorder diagnosis and presence of conduct disorder diagnosis. A second group of 90 adolescents from the same hospital was assessed for four on-unit behaviors during hospitalization: suicidal ideation, occurrence of a suicide attempt during hospitalization, multiple restrictions based on repeated behavior problems in the unit, and transfers from an open to a secure unit.

Discriminant function analyses were applied to the HAP and MMPI scales to assess their ability to predict the results on the criteria measures. For the first sample, the percentage of correct classifications using the HAP ranged from 72% (history of suicide attempts) to 84% (history of alcohol use). Classifications for the MMPI ranged from 67% (history of runaway behavior) to 69% (history of suicide attempts). When affective disorder was the dependent variable, the HAP was able to correctly classify 69%, while the MMPI classified 66%. When conduct disorder was the dependent variable, the HAP correctly classified 74%, while the MMPI classified 76%. Similar discriminant function results were obtained using criteria for the second adolescent sample.

Results of this study are encouraging and suggest that independent and self-reported information from the HAP is useful in identifying and predicting adolescent behavior in a psychiatric hospital setting.

A Method for Diagnosing and Planning the Treatment of Adolescent Drug Abusers (The Adolescent Drug Abuse Diagnosis [ADAD] Instrument)

Alfred S. Friedman, Ph.D., and Arlene Utada, M. Ed.*

Published in: Journal of Drug Education, 1989, 19(4), 285-312

Two samples of adolescents (including inpatients, residential, and outpatient clients) were administered a test battery at treatment admission. In order to conduct validation research on the Adolescent Drug Abuse Diagnosis Instrument (ADAD), eight ADAD composite measures and eight interviewer severity rating measures were developed. Pearson product correlations were then computed between the ADAD composite and interviewer measures and eight paper-and-pencil tests each designed to measure adolescent behavior in a specified problem area. The HAP Educational Adjustment Difficulties (ED) scale was selected as a measure of school problems. For the first sample, significant correlations were found between ADAD School Severity Rating scores and HAP ED scale scores (.51), and between ADAD School Composite scores and HAP ED scale scores (.37). For sample two, the correlation between HAP ED scores and School Severity Rating scores was .49, while the correlation between HAP ED scores and School Composite Scores was .56. The research suggests a relationship between the ADAD and the Educational Adjustment Difficulties scale of the HAP.

*Abstract edited by Judith Kaufman